



Pogsara Yia!

(Girls First!)



FINDINGS FROM THE NAVRONGO HEALTH RESEARCH CENTRE FEMALE GENITAL MUTILATION ERADICATION INTERVENTION

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Navrongo Health Research Centre

THE WRONG RITE



Young girls are the most vulnerable to the rite of genital mutilation

Introduction In recent years, international organizations, public health programmes, and feminist groups have increasingly focused their attention on eradicating the practice of Female Genital Mutilation (FGM). FGM is portrayed as an affront to human rights, a threat to women's health, and a symbol of the subjugation of women. International conferences (such as the Beijing International Conference on Women) have recognized the need for systematic research on the determinants and consequences of FGM, but as yet, social science has contributed little to guiding policy and action. The Navrongo Health Research Centre has launched a programme of research and action that aims to address the need for systematic study of FGM. This work responds to the Programme of Action developed at the International Conference on Population and Development in Cairo in 1994 which supported national efforts to prohibit the practice of FGM, and to encourage the incorporation of anti-FGM efforts in primary health care

programmes. Indeed, such systemic efforts are vital – over 120 million women and girls worldwide are estimated to have been subjected to some form of FGM.¹ Approximately 28 African countries including Chad, Egypt, Ghana, Kenya, Mali, Sudan, Somalia, and Nigeria practise FGM in significant proportions.²

What exactly is FGM? Female genital mutilation, female genital cutting or female circumcision is an umbrella term that applies to a diverse range of operations. All FGM procedures involve partial or total removal of the female genitals in the absence of therapeutic justification.³ While FGM may be categorized, the practice remains complex and includes an array of degrees of severity of tissue excision. The following is a tripartite definition of the practice:

- *Sunna or "circumcision."* This refers to the mildest type of FGM, and entails cutting only the prepuce or hood of the clitoris. It is practised among a select few ethnic groups.
- *Clitoridectomy or Excision.* This category is estimated to include 85 percent of all FGM practice, and refers to cutting the clitoris and part or all of the labia minora.
- *Infibulation.* This most severe form of FGM, infibulation entails the removal of the entire clitoris, the labia minora, and part of the labia majora. In addition, an incision is made to create rough surfaces in the labia majora, and the sides of the vulva are stitched together, allowing only for a small opening for the passage of urine and blood.⁴

¹ World Health Organization. Female Genital Mutilation: Report of a WHO Technical Working Group. Geneva, 17-19 July 1995. Geneva: WHO, 1996.

² Toubia N. Female Genital Mutilation. Draft background paper to the WHO Technical Working Group on Female Genital Mutilation. Geneva, 17-19 Jul, 1995.

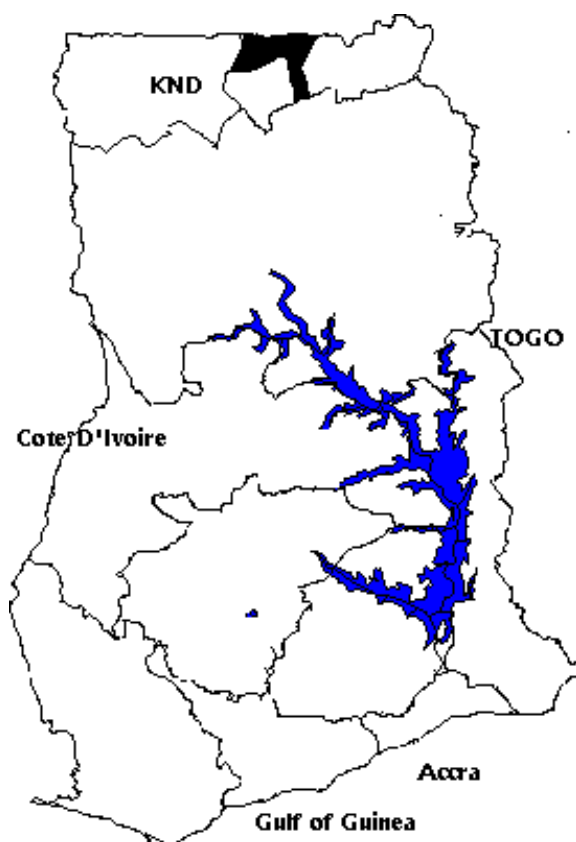
³ WHO. Female Genital Mutilation: Report of a WHO Technical Working Group. Geneva, 17-19 July 1995. Geneva: WHO, 1996.

⁴ International authors including Toubia, 1995. WHO. Female Genital Mutilation: Information Kit. Geneva: World Health Organization, 1994.

The term Female Genital Mutation is intended to emphasize the harmful effects associated with the practice, which include hemorrhage, pregnancy complications, acute urine retention, tetanus, pelvic inflammatory disease, and various negative mental consequences. Critics argue that the term implies that the rite is deliberately harmful; nonetheless, FGM is the most detrimental of customs surrounding adolescence in Africa.

The Ghanaian landscape. FGM is prevalent in the northern parts of Ghana where the prevalence is estimated at 86 percent (for Upper West and Upper East regions combined). Migrants from the north and from neighboring Burkina Faso, Niger, and Mali are primarily responsible for FGM practice in the southern half of the country where it lacks cultural roots. Overall, the national prevalence is between 20 and 30 percent. Human rights organizations have become increasingly active in promoting the prevention of FGM; influenced by groups such as the Ghana Association of Women's Welfare and the Ghanaian Parliament amended the Criminal Code such that FGM was punishable by three years in prison. While laws are a vital component of public policy, legal sanctions may serve to drive the practice underground. Indeed, FGM continues to be practised in northern Ghana.

Map of Ghana showing Kassena-Nankana district in dark shaded portion



In Kassena-Nankana District (shaded black on the map) The Navrongo Health Research Centre (NHRC) has examined FGM practice in the Kassena-Nankana district in the Upper East Region of Ghana, where the predominant ethnic groups – the Nankana, Kassena, and Builsa – support female circumcision. According to a 1995 survey of 5,275 randomly selected women, all three categories of FGM were practised. Seventy-seven percent of these women had been circumcised.

At what age is FGM practised? Among the Kassena-Nankana, rites of circumcision are usually organized by clan or village members after the harvest of early millet in August, and are usually performed after a girl reaches puberty but before her marriage. While age is often the determinative variable, impending marriage, early menstruation, or development of breasts or pubic hair are also considered.

Why is FGM practised? FGM is thought to instill morals and social values in young girls before they begin to participate more broadly in their community. After the excisor visits the various villages in August, elderly women assemble the recently circumcised girls into a compound to nurse their sores while educating them about social norms, morals, and accepted values. Further, these girls are taught to cook and are instructed in behaviors becoming of a wife. FGM thus becomes a social mechanism for sustaining gender stereotypes and stratification.

Conclusion. Inspired by these facts, and in collaboration with local government and non-governmental organizations, the NHRC has launched an experimental project to hasten the eradication of FGM. The project encourages social action and community outreach, and attempts to influence both behaviors and underlying attitudes. It proceeds in the spirit of the Nankam phrase “*Pogsara Yia*,” a slogan for building group cohesion among adolescent girls confronting the custom of FGM. *Pogsara Yia*! connotes togetherness, self esteem, and health among all young women.

Send questions or comments to: *Pogsara Yia*!

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